

VIGO COUNTY HEALTH DEPARTMENT

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM PERMIT

PLEASE COMPLETE ENTIRE APPLICATION & DRAWING IN INK

PROPERTY OWNER'S NAME: _____ TELEPHONE #:() _____

PROPERTY OWNER'S PRESENT MAILING ADDRESS: _____ ZIP: _____

PARCEL #: _____ SUBDIVISION: _____ LOT #: _____

LOT SIZE: _____ MAX # OF BEDROOMS: _____ # OF JETTED TUBS, ETC: _____ # OF BATHS: _____

ADDRESS/DIRECTIONS TO PROPOSED CONSTRUCTION SITE: _____

Installer/Contractor's Name: _____ Telephone #: () _____

Installer/Contractor's Mailing Address: _____ Zip: _____

Drawing Submitted by: _____

Type of Application: New _____ Repair _____ Replacement _____ Addition _____ Other Permit # _____

SEPTIC TANK

INSTALLATION MONTH/YEAR: _____

SIZE OF TANK: _____

SIZE OF PUMP CHAMBER: _____

MANUFACTURER: _____

DISTANCE TO ONSITE WELL: _____

DISTANCE TO OFF LOT WELL: _____

DISTANCE TO DWELLING: _____

DISTANCE TO PROPERTY LINE: _____

DISTANCE TO PRESSURE WATER LINE: _____

DISTANCE TO SUCTION WATER LINE: _____

ABSORPTION FIELD

SQUARE FEET REQUIRED: _____

WIDTH OF TRENCHES: _____

DEPTH OF TRENCHES: _____

LENGTH OF TRENCHES: _____

DISTANCE TO ONSITE WELL: _____

DISTANCE TO OFF LOT WELL: _____

DISTANCE TO DWELLING: _____

DISTANCE TO PROPERTY LINE: _____

DISTANCE TO PRESSURE WATER LINE: _____

DISTANCE TO SUNCTION WATER LINE: _____

TYPE OF SEWAGE DISPOSAL SYSTEM: _____

All applications must include a complete and accurate drawing including all the information listed above, plus information listed on the reverse side of this form.

The Sewage Disposal System must be installed as designed. **Any changes must be approved by the Vigo County Health Department before installation begins.**

The Owner or Installer must notify the Vigo County Health Department when the work is ready for final inspection and at least forty-eight hours (48) or two (2) working days before any subsurface portions are to be covered.

Approval of this application gives only permission to begin construction. The permit is valid only after a Final Inspection on the job site at the time actual construction has been completed.

I hereby Certify that to the best of my knowledge all information submitted is true and the system will installed to meet the requirements of the Indiana State Department of Health as defined in Rule 410 IAC 6-8.1 and Vigo County Code Chapter 41.

OWNER/AGENT

BUILDER/INSTALLER

OFFICE USE ONLY:

On-Site Evaluation by: _____ Date: _____

Soil Classification: _____ Usable Space: _____

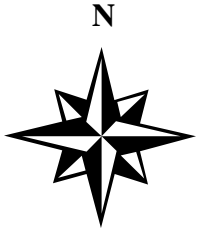
Subsurface Drainage Needed: _____ Loading Rate: _____

Reviewed and approved by: _____ Date: _____

Environmental Health Specialist

Health Commissioner

Drawing of the site must include property lines and dimensions, location of the house, sewage disposal system, other buildings, wells (including adjoining property wells within one hundred feet (100'), water lines, roads, driveways, lakes, ponds, streams, ditches, drainage tiles and any prominent features.



If you have any questions about completing the application, please call the Environmental Health Division of the Vigo County Health Department at 812-462-3281, Monday through Friday, 8:00 a.m. to 4:00 p.m.